The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Larne Care Centre**

Provider: **Electus Healthcare (Larne) Ltd**

Date of Inspection: **16 April 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Electus Healthcare (Larne) Ltd
Responsible Individual:	Ed Coyle
Registered Manager:	Caron McKay - not registered
Service Profile – This home is a registered nursing home which provides nursing care for up to 87 patients. The home is divided in four units over two floors. The Carnlough and Olderfleet units on the ground floor and first floor provide care for people with learning and physical disabilities. The Ballygally unit on the first floor provides general nursing care and the Glenarm unit which is on the ground floor provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 16 April 2025 from 9.00 am to 7.30 pm by care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to patients. Details and examples of the inspection findings can be found in the main body of the report.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoken with said they were happy with the care from staff, and there were enough staff if they needed them. Patients told us the food was very good and they had a choice of meal.

The patients also told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients who were unable to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

After the inspection four completed patient questionnaires were received, the comments included; "The care is good", "Absolutely fantastic care" and "The staff are always about to help". One patient's comments regarding their care was shared with the manager to address.

Most of the relatives / visitors spoken with on the day of inspection expressed no issues with the care their loved one receives in Larne Care Centre. One relative comment was shared with the management team for her appropriate action.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not always evidence who the person in charge was when the manager was not on duty and some alterations had been made to the duty rota which were observed not made in line with best practice guidance. An area for improvement was stated for a second time.

Review of governance records provided assurance that there were systems in place to ensure staff were trained and supported to do their job and that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were seen to communicate well with patients; they were respectful, understanding and sensitive to patients' needs.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was observed that a number of bedrails were not securely attached to the bed and the bed rail checking document in use did not reflect some of the bed rails observed. This was discussed with the management team and written confirmation was received after the inspection that patients' needs have been reassessed and a number of bed rails replaced. An area for improvement was identified.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of the repositioning records showed improvement in the quality of the documentation, however, there was evidence that patients were not always repositioned as prescribed in their care plans. An area for improvement was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. The dining experience was an opportunity for patients to socialise. The menu displayed differed in each of the units to the meal provided. An area for improvement was identified.

Within the Glenarm unit; the patients appeared to enjoy their meal. However, as this unit cares for patients living with a dementia the dining room was observed sparse; the dining tables were not set and there was no orientation for the patients to recognise that lunch was being served. The menu board is also located outside the dining area which makes it difficult for the patients to read and identify the food options. This was discussed with the management team to review the dining experience particularly in this unit. An area for improvement was identified.

The importance of engaging with patients was well understood by the Manager and staff. Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included games, art, exercises and a quiz. Easter themed activities were scheduled which included baby lambs visiting on the day of inspection. The patients thoroughly enjoyed seeing and touching the lambs.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

A number of deficits were identified in regards to patient confidentiality, computer systems were observed unlocked and accessible, patient care files and lists of patients' needs were observed in the units. An area for improvement was identified.

Care records, for the most part were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. However, review of care plans for patients who required continuous supervision and patients who had a diagnosis of dementia lacked detail in the ongoing management of this assessed need. Two areas for improvement were identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Review of care records specifically for those patients who required wound care identified minor deficits. The management team provided assurance that these would be addressed.

A record was kept of what patients had to eat and drink. Patients had been assessed and prescribed a fluid target, some improvement was observed in the recording of patients daily fluid intake. However, little evidence remained of the daily oversight and ongoing management and any appropriate actions by the registered nurses when a patient had not achieved their 24-hour fluid target. An area for improvement was stated for a third time.

3.3.4 Quality and Management of Patients' Environment

Review of the home's environment and records confirmed that the manager did have a refurbishment / redecoration plan in place and there was evidence of ongoing work with the actions identified in this plan.

Review of the service corridor identified the corridors cluttered. Fire doors and fire extinguishers were not easily accessible. An area for improvement was identified.

Concerns were identified in regard to the management of risks to patients; shortfalls were identified in all three units of the home. These matters were discussed with the management team to address. An area for improvement was identified.

Linen rooms and other storage areas within the home remain cluttered with items stored on the floor. An area for improvement was stated for a second time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. A small number of staff were observed not bare below the elbow; the management team agreed to address this with the individual staff concerned.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Caron McKay has been the manager in this home since 24 March 2025.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, gaps remained evident in the regular auditing of patient's weights. An area for improvement was stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	10*

*the total number of areas for improvement includes five standards; four stated for a second time and one for a third.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 17 April 2025	The Registered Person shall ensure the following in relation to the use of bedrails: • there is a system in place to ensure bedrails are regularly checked and evidence of these checks are retained • care plans and risk assessments include the type of bedrails in use, the safety checks to be completed and the rationale for use. Ref: 3.3.2
	Response by registered person detailing the actions taken: All bedrails are now integrated and houlry bedrail checks are completed whilst residents are in bed. Care plans and risk assessments have been reviewed and updated to reflect bedrail use, the risks, and the reason for their usage.
Area for improvement 2 **Ref:** Regulation 27 (4) (c) **Stated:** First time **To be completed by:** 16 April 2025	The Registered Person shall ensure fire exit routes are maintained clear at all times. Ref: 3.3.4
	Response by registered person detailing the actions taken: Staff are reminded daily at flash meetings and at handovers of the importance of maintaining clear fire exits. Monitoring of compliance is completed daily.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) **Stated:** First time **To be completed by:** 16 April 2025	The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4
	Response by registered person detailing the actions taken: COSHH has been discussed at recent staff meetings and denture tablets are now kept locked in the treatment room and issued by the nurse. Monitoring of compliance is completed daily.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Third time **To be completed by:** 17 April 2025	The Registered Person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: Recording of fluids has been discussed with nurses at a staff meeting. Discussion is held at daily flash meetings regarding fluid intake and the actions to be taken. All nurses have completed a supervision on the monitoring, recording and evaluation of residents daily fluid intake.
Area for improvement 2 **Ref:** Standard 41 **Stated:** Second time **To be completed by:** 17 April 2025	The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 2.0 and 3.3.1
	Response by registered person detailing the actions taken: The person in charge is highlighted on the duty rota. Only the Manager and Deputy Manager have access to ammend the rota which is held electronically.
Area for improvement 3 **Ref:** Standard 23 **Stated:** Second time **To be completed by:** 17 April 2025	The Registered Person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: All care plans in relation to repositioning have been reviewed and updated to reflect each residents current repositioning needs. The repositioning booklets are completed to reflect the repositioning regime prescribed. A number of booklets are audited daily for compliance.
Area for improvement 4 **Ref:** Standard 46 **Stated:** Second time **To be completed by:** 30 April 2024	The Registered Person shall ensure all storage areas are kept tidy, free from inappropriate items and that items are not stored on the floor. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: All stores have been cleared and cleaned. Stores are checked daily to ensure no items are left on the floor.

Area for improvement 5 **Ref:** Standard 35 **Stated:** Second time **To be completed by:** 30 April 2024	The Registered Person shall ensure that patient weight audits evidence a clear time bound meaningful action plan. Ref: 2.0 and 3.3.4
	Response by registered person detailing the actions taken: Weightloss audits are completed each month and action plans are devised for residents who have lost weight. All actions are reviewed and signed off by the manager.
Area for improvement 6 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 17 April 2024	The Registered Person shall ensure the daily menu reflects the actual food served. Ref: 3.3.2
	Response by registered person detailing the actions taken: Discussion with kitchen staff to ensure that the menu board is updated daily and the mealtime champion will ensure the correct menu for the day is displayed. This is monitored daily.
Area for improvement 7 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 30 April 2024	The Registered Person shall ensure the dining experience is reviewed in the Glenarm unit to ensure it meets the needs of the patients. Ref: 3.3.2
	Response by registered person detailing the actions taken: The dining experience has been reviewed and a new routine implemented which meets the needs of the residents and creates a calm and well organised service.
Area for improvement 8 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 17 April 2025	The Registered Person shall ensure that any record in the home which details patient information is securely stored in accordance with the General Data Protection Regulation (GDPR) and best practice guidance and that records are not accessible to visitors to the home. Ref: 3.3.3
	Response by registered person detailing the actions taken: Staff have completed a GDPR e-learning module. GDPR is discussed daily at flash meetings and monitored by the Home Manager and Deputy Manager.

Area for improvement 9 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 April 2025	The Registered Person shall ensure detailed and patient centred care plans are in place for those availing of bespoke one to one care. Ref: 3.3.3 **Response by registered person detailing the actions taken:** Care plans of have been rewritten for residents with 1:1 care to ensure they are person centered to the resident.
Area for improvement 10 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 23 April 2025	The Registered Person shall ensure detailed and patient centred care plans are in place for those patients living with a diagnosis of dementia. Ref: 3.3.3 **Response by registered person detailing the actions taken:** All care plans have been rewritten, ensuring that they are person centered and relevant to the dementia diagnosis of the resident.

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